



BARRINGTON RECREATION DEPARTMENT
 105 RAMSDELL LN., P.O. BOX 660 BARRINGTON, NH 03825
 PH: 603-664-5224, WWW.BARRINGTON.NH.GOV
 OFFICE HOURS MON-FRI 7:30 AM-4:00 PM



2016 TEEN ADVENTURE PROGRAM
6/27-8/19

Who: entering 7th graders – entering 8th graders
Location: Barrington Rec. Department & Field
Camp Hours: 9:00 a.m. – 4:00 p.m.
Pre Camp Hours: 7:30-9:00 a.m.
Post Camp Hours: 4:00 – 5:30 p.m.
Minimum of 20 participants

PROGRAM: The Barrington Recreation Department proudly announces another summer of the Teen Adventure Program. The Teen Adventure Program will operate Monday through Friday during the summer for 8 weeks beginning June 27th. Teens in grades 7th & 8th will love our daily program filled with activities ranging from sports and games, water sports/games, archery, field trips and leadership development. Field Trips will take place twice a week on Tuesdays & Thursdays. A Leadership Development program will take place on Wednesdays and field trip days if the participant chooses to help staff with the daily operations of our K-6 summer camp. In this position, they will be assigned to a group within the K-6 camp to begin to learn how to be a leader. On Leadership Development days, participants, with proper supervision, will work within the Recreation Department Summer Camp to begin developing these skills:

- How to be an effective leader & different leadership styles
- Communication & how to manage and resolve conflict
- Effective decision making
- Time management

OUR TEAM: Our team is comprised of a collection of qualified, outgoing, and fun individuals who share their passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you and your community.

WHO IS THE TEEN ADVENTURE PROGRAM DESIGNED FOR: The Teen Adventure Program is designed for youth who will be entering the 7th & 8th grade. This program is designed for youth who would like to have fun while developing new leadership skills.

DATES OF PROGRAMS: The Teen Adventure Program is an 8-week program beginning June 27th & ending August 19th. The program will operate 5 days a week, except for the week of July 4th. There will be NO CAMP on Monday, July 4th.

PAYMENT PROCESS: \$100 DUE AT REGISTRATION. ALL CAMP TUITION MUST BE PAID IN FULL BY JUNE 1st, NO EXCEPTIONS. Your child will not be able to attend camp and your space will be forfeited if not paid in full by June 1st.

COST OF CAMP: This does not include field trips

<u>Resident</u> - Cost of Camp if Registered before June 2nd \$475.00 for 8 weeks \$150.00 for 1 week	<u>Resident</u> - Cost of Camp if Registered on or after June 2nd \$550.00 for 8 weeks \$175.00 for 1 week	<u>Resident</u> – Pre & Post Camp Care 8 weeks of Pre-Camp: \$85.00 8 weeks of Post Camp: \$85.00 Daily Rate for Pre-Camp Care: \$5.00 per day Daily Rate for Post-Camp Care: \$5.00 per day Daily Rate must be paid prior to AM drop off
<u>Non-Resident</u> - Cost of Camp if Registered before June 2nd \$575.00 for 8 weeks \$250.00 for 1 week	<u>Non-Resident</u> - Cost of Camp if Registered on or after June 2nd \$650.00 for 8 weeks \$275.00 for 1 week	<u>Non-Resident</u> – Pre & Post Camp Care 8 weeks of Pre-Camp: \$110.00 8 weeks of Post Camp: \$110.00 Daily Rate for Pre-Camp Care: \$10.00 per day Daily Rate for Post-Camp Care: \$10.00 per day Daily Rate must be paid prior to AM drop off

FIELD TRIPS: Our well-planned all camp field trips are great fun for everyone. On Tuesday & Thursday, campers will explore NH Local & State Parks, as well as the favorite water parks & theme parks. **The Field Trip Schedule & Fee Structure will be available In April.**

CAMP CASH: While at camp, your child will have the opportunity to purchase ice cream & BBQ. However, for security reasons, we ask campers not have cash at camp. Any money for ice cream & BBQ should be deposited into their Camp Cash account. This can be done Monday – Friday between 7:30 am – 9 am.

HOW TO REGISTER: Registration begins February 18th at 10:00 a.m. at the Town Gym. Registration Packets can be found on our website or at the Recreation Office. Please register early, space is limited.

A DAY IN THE LIFE OF A TYPICAL CAMPER (Times subject to change)

To give you a sense of an exciting day camp program,
let's take a look at a day in the life of a typical camper.

Mornings	9:00-9:30	9:30-10:00	10-10:45	10:45-11:00	11-12:00	12-12:30
	Morning Circle	Leadership Discussion	Activity Period	Snack & Sunscreen	Leadership Implementation	Lunch
Afternoons	12:30-1:00	1:00-1:45	1:45-2:30	2:30-3:30	3:30-4:00	
	Council Ring	Activity Period	Leadership Implementation	Activity Period	Leadership Discussion	

Descriptions of the above activities:

Morning Circle: Morning Circle begins. Camper will be introduced to all staff and will find out what exciting activities are planned for the day as well as the week. Announcements are made about upcoming field trips to places such as York's Wild Kingdom, Funtown Splashtown, Wallis Sands State Park, New Castle Common, Odiorne State Park and Water Country.

Leadership Discussion: Program counselor will facilitate group discussion regarding leadership, activity planning, problem solving & difficult situations. This discussion will give participants the insight and self esteem needed to work with the Summer Camp participants.

Activity Period: During the Activity Period, participants will be exposed to new games. Most games will be non-competitive. For example: various tag games, dodge ball, kick ball, shoe relay, pirates' treasure, fireworks, beater goes round, as well as water activities.

Council Ring: Participants will gather with the Summer Day Camp for a brief Council Ring Meeting directly after lunch. During this meeting, there will be a riddle of the day, word of the day, ort report, songs & special activities.

Will Special Events/Programs Be A Part Of Camp?

The simple answer is YES! Every other week, beginning with the first week, there will be special events held. These special events are typical Programs and Companies visiting our camp, to provide a fun and exciting, interactive program. The following events will be making an appearance at camp this year:

Hampstead Stage Company (Alice in Wonderland): <http://hampsteadstage.org>

A complete special events/programs schedule will be available in April!

Barrington Recreation Department
Teen Adventure Payment Information Sheet
Please make checks payable to Barrington Recreation Department
Full payment must be received by June 1st, No Exceptions

Child Participant Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Phone Number: _____

<u>Resident</u> - Cost of Camp if Register Prior to June 2nd \$475.00 for 8 weeks \$150.00 for 1 week	<u>Resident</u> - Cost of Camp if Register After June 1st \$550.00 for 8 weeks \$175.00 for 1 week	<u>Resident</u> – Pre & Post Camp Care 8 weeks of Pre-Camp: \$85.00 8 weeks of Post Camp: \$85.00 Daily Rate for Pre-Camp Care: \$5.00 per day Daily Rate for Post-Camp Care: \$5.00 per day Daily Rate must be paid prior to AM drop off
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Please check the appropriate box(s) below:

Week	Camp	Pre-Camp	Post-Camp
All 8 Weeks			
Camp Week One (6/27 - 7/1)			
Camp Week Two (7/5 - 7/8)			
Camp Week Three (7/11-7/15)			
Camp Week Four (7/18-7/22)			
Camp Week Five (7/25-7/29)			
Camp Week Six (8/1-8/5)			
Camp Week Seven (8/8-8/12)			
Camp Week Eight (8/15-8/19)			

OFFICE USE ONLY! DO NOT WRITE BELOW THIS LINE.

Total Due on June 1st: _____ (please write total due, including pre & post camp care)

☐ \$100 deposit due at Registration MC or VISA _____ Cash (Receipt #) _____ Check # _____

☐ paying the entire balance now \$ _____ MC or VISA _____ Cash (Receipt #) _____ Check # _____

Additional Payments:

Date: _____ \$ _____ MC or VISA _____ Cash _____ Check # _____ Comments: _____

Date: _____ \$ _____ MC or VISA _____ Cash _____ Check # _____ Comments: _____

Date: _____ \$ _____ MC or VISA _____ Cash _____ Check # _____ Comments: _____

Date: _____ \$ _____ MC or VISA _____ Cash _____ Check # _____ Comments: _____

Date: _____ \$ _____ MC or VISA _____ Cash _____ Check # _____ Comments: _____

Date: _____ \$ _____ MC or VISA _____ Cash _____ Check # _____ Comments: _____



Barrington Recreation Program Registration Form

(603) 664-5224 RecDept@barrington.nh.gov

105 Ramsdell Lane Barrington, NH 03825

Mailing Address: P.O. Box 660 Barrington, NH 03825

PARTICIPANTS 18 YEARS OF AGE AND OVER: Please fill out sections 1, 2, 5, 6 & 8

PARTICIPANTS UNDER 18 YEARS OF AGE: Please fill out sections 1 through 8

1 Program Registration Information

Program Name:

Please make check payable to BARRINGTON RECREATION DEPARTMENT Mail to: P.O. Box 660 Barrington, NH 03825

|| Office Use Only ||

Date Received: / /

Total Paid: \$

check#

or cash (circle)

rec'd by:

2 Participant Information

Participant Name: _____

E-mail: _____

Mailing Address: _____

Phone #: _____

Town: _____ State: _____ Zip Code: _____

3 Minor Child information

Birth Date: _____ Age: _____ Current Grade: _____ Gender: M / F

Shirt Size (circle one): YS(6/8) YM(10/12) YL(14/16) AS AM AL AXL

Additional Information: _____

4 Parent/Guardian Information

Parent/Guardian: _____

E-mail: _____

Mailing Address: _____

Home Phone #: _____

Town: _____ State: _____ Zip Code: _____

Work Phone #: _____

Cell Phone #: _____

5 Medical Information/Emergency Contact Information

Participant's Doctor: _____

Phone #: _____

Participant's Dentist: _____

Phone #: _____

Medical Info/Conditions/Allergies: _____

Emergency Contact (other than self, parent or guardian): _____ Phone #: _____ Relationship: _____

6 Photo Release Authorization

Occasionally, photographs or video will be taken of the participant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including it's website. However, we will not identify participant by name or release any other personal information.

(check one) _____ I GIVE MY PERMISSION or _____ I DO NOT GIVE MY PERMISSION for participant to be photographed.

7 Parent/Guardian Involvement (IF APPLICABLE TO PROGRAM)

WE NEED YOUR HELP to make our program successful from year to year. If not enough parents/guardians volunteer, this program will be in danger of cancellation. **NO EXPERIENCE IS NECESSARY** for anyone wishing to coach - several training sessions are provided for gameplay and coaching techniques.

PLEASE VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING ROLES:

_____ COACH (Responsible for organizing team effort, skills and play as well as keeping parents informed and involved)

_____ Assistant COACH (Assist coach with assigned team)

_____ Field/Gym Supervisor (Has first aid kit/Makes sure equipment is put away/Reports any problems or concerns to Recreation Department)

8 Liability Release Waiver and Authorization Information

The above named participant or minor child in section 1 of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event I cannot be reached in an emergency of requiring medical attention for the above named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below.

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8.

My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant/Parent/Guardian Signature: _____

Date: _____

Barrington Recreation Department
Pick Up Permission Slip

Program Name: _____

In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.

The adult that picks up your child MUST bring PHOTO ID with them or they will NOT be able to pick up your child.

Please Print in clear & legible handwriting! ☺

Participant's Name: _____

Mother's Name/Phone #: _____

Father's Name/Phone #: _____

Adults Full Name List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.	Relationship to Child	Phone #
1		
2		
3		
4		
5		
6		
7		

Parent/Guardian Signature: _____ Date: _____

Barrington Recreation Summer Camp Consent Form

Camper's Name: _____ Grade: _____

Authorization to apply Sunscreen

I authorize the Barrington Recreation Summer Camp staff Camp to apply only sunscreen I provide to the above-named child. I will label provided sunscreen with my child's name.

Signature of Parent or Guardian Date

Authorization to view G Movies Only

I give my permission for the above-named child to watch G movies only during the summer program.

Signature of Parent or Guardian Date

Authorization to view G/PG Movies Only

I give my permission for the above-named child to watch G or PG movies only during the summer program.

Signature of Parent or Guardian Date

Authorization to view G/PG/PG-13 Movies

I give my permission for the above-named child to watch G, PG or PG-13 movies only during the summer program.

Signature of Parent or Guardian Date

Authorization to participate in Off-Site Walks

I give my permission for the above-named child to participate in supervised off-site walks within a one mile area surrounding the Barrington Recreation Summer Camp base location.

Signature of Parent or Guardian Date

BEHAVIORAL MANAGEMENT POLICY

Town of Barrington Recreation Department

Updated Version: 3/25/15

Parent/Guardian and participating child must read, understand and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

The program staff will not use any type of physical or verbal abuse as a disciplinary measure.

The following are the offenses and consequences that will be taken.



OFFENSES:	1 st	2 nd	3 rd	4 th	5 th
Verbally threaten to use guns, knives or any weapon to harm another	Immediate Expulsion from program NO REFUND				
Possession of a weapon					
The use of drugs and/or alcohol					
Stealing	Write Up Parents notified 2 day suspension Damage restitution	Expulsion from Program Damage restitution NO REFUND			
Willful destruction of property					
Physically harming another person					
Physical fighting					
Bullying (Physical or verbal)	Write Up Parents notified Damage restitution	Write Up Parents notified Damage restitution 2 day suspension NO REFUND	Expulsion from Program Damage restitution NO REFUND		
Disrespect of staff					
Found out of program boundaries					
Cursing					
Careless damage to REC or School property	Verbal Warning	Write Up Parent notified	Write up Parents notified Discussion of suspension	Write Up Parents notified 2 day suspension NO REFUND	Expulsion from program NO REFUND
Inappropriate Language					
Breaking Playground Rules					
Breaking Program Rules					

Bullying: Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).

Physically harming another person: includes but not limited to – hitting, biting, kicking & slapping

Breaking program rules: includes but not limited to defiance, uncooperativeness, insubordination, unruliness

I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.

Parent/Guardian Signature:	Date:
Participant Name:	Age:
Participant Signature:	Date:

**BARRINGTON RECREATION DEPARTMENT
MEDICAL TREATMENT & MEDICAL AUTHORIZATION FORM**

**Town of Barrington Recreation Department
105 Ramsdell Ln. Barrington, NH 03825
603-664-5224**

Emergency Medical Treatment Authorization or Refusal

In the event I, _____ cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to employees of the Barrington Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Barrington Recreation Department requires the following information regarding medication needs of participant in Barrington Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens used during program hours will remain in the child's possession to be placed in the same location of child's backpack each day.
2. Camp staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: _____

Name of Medication # 1: _____

Dosage Amount of Medication # 1: _____

Frequency of Dosage for Medication # 1: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Include additional medication information on next page.

Name of Medication # 2: _____

Dosage Amount of Medication # 2: _____

Frequency of Dosage for Medication # 2: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Name of Medication # 3: _____

Dosage Amount of Medication # 3: _____

Frequency of Dosage for Medication # 3: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Parent Signature: _____

Date: _____

Parent's Printed Name: _____

Cell Phone: _____

Home Phone: _____



Split Household Agreement
Barrington Recreation Department
105 Ramsdell Lane ~ 664-5224
recdent@metrocast.net

To split a currently existing household or create a household with children in two different households, we must have the Split Household Agreement signed by both heads of household. Children in a current household can be placed in both households (linked) or placed only in one household. If parents would like to split the payments of child(ren)'s programs, the Recreation Department will adjust the payment plan in our system. Our system will split the payments/billing for each head of household. This agreement is solely for the purpose of clear documentation of household and payment intention. It is the responsibility of the child(ren)'s parents to pay amounts due to the Recreation Department.

If a program has already accrued a balance and you would like the amount backdated and split, the Recreation Department requires the payment intent documented on this agreement from both heads of household agreeing on the date for which payments from each person will begin. We will attach statements to this agreement as further proof of agreement and adjust accordingly within our system.

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Please list the names you would like in each household. If you would like the children in both households, please write their names under both households.

Household #1

Primary Guardian _____

Address _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

Household #2

Primary Guardian _____

Address _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

Pick-up Persons Permission List (name/phone number)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Pick-up Persons Permission List (name/phone number)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

.....
Payment Arrangement for Programs

Program Name #1: _____

Primary Guardian #1 Payment Start Date: _____ Paying Bi-Weekly? Yes _____ or No _____ If no, please indicate _____

Primary Guardian #2 Payment Start Date: _____ Paying Bi-Weekly? Yes _____ or No _____ If no, please indicate _____

Program Name #2: _____

Primary Guardian #1 Payment Start Date: _____ Paying Bi-Weekly? Yes _____ or No _____ If no, please indicate _____

Primary Guardian #2 Payment Start Date: _____ Paying Bi-Weekly? Yes _____ or No _____ If no, please indicate _____

.....
Primary Guardian #1 (print) _____ Date _____

Primary Guardian #1 (sign) _____

Primary Guardian #2 (print) _____ Date _____

Primary Guardian #2 (sign) _____

Barrington Recreation Department _____ Date _____